

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

a. Full Name		c. ID Number	
Committee to Elect Doug Wright			
b. Mailing Address (include City, State, and Zip Code)		d. Date Organized	
3 Osage Place Durham, N.C. 27712		2-14-08	
		e. Phone Number	
		(919) 471-2711	
<input type="checkbox"/>			
a. Full Name		c. Candidate ID Number	
Doug Wright			
		d. Party Affiliation	
		Dem	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	
3 Osage Place Durham, N.C. 27712		County Commissioner	
		(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)	
a. Full Name		a. Full Name	
Alan Morris			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
8 Addison Court Durham, N.C. 27712			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(919) 471-7059			
<input type="checkbox"/>		<input type="checkbox"/>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
Doug Wright		2-14-08	
Printed Name of Signer		Date	
Signature of Appointed Treasurer			



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

Doug Wright

Treasurer Name:

Alan Morris

Treasurer Address:

8 Addison Court

(include city, state, & zip)

Durham, N.C. 27712

Treasurer Phone:

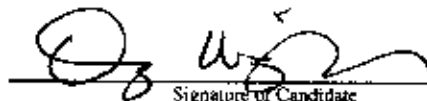
(919) 471-7059

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-14-08

Date Signed

  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.